COLONIAL CENTER

702	WEST	DOT.F	STREET
102	WEST	DOLL	SIRELI

COLBY 54421 Phone: (715) 223-2352		Ownership:	Nonprofit Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	91	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	95	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	88	Average Daily Census:	84

Services Provided to Non-Residents		Age, Gender, and Primary Di	_				양	
Home Health Care Supp. Home Care-Personal Care	No No	•	용	Age Groups	%	Less Than 1 Year	19.3 37.5	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.1	More Than 4 Years	17.0	
Day Services	No	Mental Illness (Org./Psy)	28.4	65 - 74 10.2				
Respite Care	Yes	Mental Illness (Other)	2.3	75 - 84	29.5	[73.9	
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	43.2	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	15.9	Full-Time Equivalent	5	
Congregate Meals No		Cancer		1		- Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	13.6	65 & Over	98.9			
Transportation	No	Cerebrovascular	11.4			RNs	9.0	
Referral Service	No	Diabetes	5.7	Gender	용	LPNs	5.7	
Other Services	No	Respiratory	3.4			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	34.1	Male	29.5	Aides, & Orderlies	41.8	
Mentally Ill	No			Female	70.5			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0	I		

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)		Other		Private Pay		Family Care			Managed Care								
Level of Care	No.	%	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	%	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	엉	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	2	4.3	132	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.3
Skilled Care	17	100.0	322	44	93.6	113	0	0.0	0	23	100.0	148	0	0.0	0	1	100.0	113	85	96.6
Intermediate				1	2.1	95	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Ir	nj O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	ent 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	17	100.0		47	100.0		0	0.0		2.3	100.0		0	0.0		1	100.0		88	100.0

COLONIAL CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, ar	nd Activities as of 12/	/31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	5.6	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	6.3	Bathing	0.0		94.3	5.7	88
Other Nursing Homes	0.7	Dressing	5.7		93.2	1.1	88
Acute Care Hospitals	86.6	Transferring	30.7		63.6	5.7	88
Psych. HospMR/DD Facilities	0.0	Toilet Use	22.7		77.3	0.0	88
Rehabilitation Hospitals	0.0	Eating	79.5		19.3	1.1	88
Other Locations	0.7	*********	******	*****	******	*******	*****
otal Number of Admissions	142	Continence		용	Special Treatmer	its	8
ercent Discharges To:		Indwelling Or Extern	nal Catheter	9.1	Receiving Resp	iratory Care	8.0
Private Home/No Home Health	36.6	Occ/Freq. Incontiner	nt of Bladder	61.4	Receiving Trac	cheostomy Care	0.0
Private Home/With Home Health	8.5	Occ/Freq. Incontiner	nt of Bowel	27.3	Receiving Suct	ioning	0.0
Other Nursing Homes	8.5				Receiving Osto	omy Care	1.1
Acute Care Hospitals	10.6	Mobility			Receiving Tube	Feeding	1.1
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	3.4	Receiving Mech	anically Altered Diets	30.7
Rehabilitation Hospitals	0.0						
Other Locations	11.3	Skin Care			Other Resident (Characteristics	
Deaths	24.6	With Pressure Sores		2.3	Have Advance I	irectives	93.2
otal Number of Discharges		With Rashes		2.3	Medications		
(Including Deaths)	142				Receiving Psyc	choactive Drugs	65.9

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

************	*****	*****	*****	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lice	ensure:		
	This	Non	profit	50	-99	Ski	lled	Al	1
	Facility Pee		y Peer Group		Group	Peer	Group	Faci	lities
	%	8	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.4	86.2	1.03	83.7	1.06	84.0	1.05	87.4	1.01
Current Residents from In-County	64.8	78.8	0.82	72.8	0.89	76.2	0.85	76.7	0.84
Admissions from In-County, Still Residing	15.5	24.5	0.63	22.7	0.68	22.2	0.70	19.6	0.79
Admissions/Average Daily Census	169.0	110.9	1.52	113.6	1.49	122.3	1.38	141.3	1.20
Discharges/Average Daily Census	169.0	116.1	1.46	115.9	1.46	124.3	1.36	142.5	1.19
Discharges To Private Residence/Average Daily Census	76.2	44.0	1.73	48.0	1.59	53.4	1.43	61.6	1.24
Residents Receiving Skilled Care	98.9	94.4	1.05	94.7	1.04	94.8	1.04	88.1	1.12
Residents Aged 65 and Older	98.9	96.1	1.03	93.1	1.06	93.5	1.06	87.8	1.13
Title 19 (Medicaid) Funded Residents	53.4	68.3	0.78	67.2	0.79	69.5	0.77	65.9	0.81
Private Pay Funded Residents	26.1	22.4	1.17	21.5	1.22	19.4	1.34	21.0	1.25
Developmentally Disabled Residents	0.0	0.6	0.00	0.7	0.00	0.6	0.00	6.5	0.00
Mentally Ill Residents	30.7	36.9	0.83	39.1	0.79	36.5	0.84	33.6	0.91
General Medical Service Residents	34.1	17.2	1.98	17.2	1.98	18.8	1.81	20.6	1.66
Impaired ADL (Mean)	37.7	48.1	0.78	46.1	0.82	46.9	0.80	49.4	0.76
Psychological Problems	65.9	57.5	1.15	58.7	1.12	58.4	1.13	57.4	1.15
Nursing Care Required (Mean)	5.7	6.8	0.83	6.7	0.85	7.2	0.79	7.3	0.78